

County: Green  
 MONROE MANOR NURSING/REHABILITATION  
 516 - 26 AVENUE

Facility ID: 5700

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MONROE 53566 Phone: (608) 325-9141  
 Operated from 1/1 To 12/31 Days of Operation: 365  
 Operate in Conjunction with Hospital? No  
 Number of Beds Set Up and Staffed (12/31/01): 74  
 Total Licensed Bed Capacity (12/31/01): 75  
 Number of Residents on 12/31/01: 63

Ownership:  
 Highest Level License:  
 Operate in Conjunction with CBRF? No  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Average Daily Census: 65

Corporation  
 Skilled  
 No  
 Yes  
 Yes  
 65

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Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		65.1
Supp. Home Care-Personal Care	No					1 - 4 Years		22.2
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	6.3	More Than 4 Years		12.7
Day Services	No	Mental Illness (Org./Psy)	11.1	65 - 74	17.5			-----
Respite Care	No	Mental Illness (Other)	4.8	75 - 84	47.6			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	28.6	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalent		
Congregate Meals	No	Cancer	9.5		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	6.3		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	9.5	65 & Over	93.7	-----		
Transportation	No	Cerebrovascular	17.5		-----	RNs		9.8
Referral Service	No	Diabetes	12.7	Sex	%	LPNs		13.5
Other Services	Yes	Respiratory	14.3		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	14.3	Male	38.1	Aides, & Orderlies		
Mentally Ill	No		-----	Female	61.9			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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#### Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total Resi- dents	% Of All
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)		
Int. Skilled Care	0	0.0	0	1	2.6	116	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.6
Skilled Care	12	100.0	280	36	94.7	99	0	0.0	0	13	100.0	136	0	0.0	0	0	0.0	0	61	96.8
Intermediate	---	---	---	1	2.6	84	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.6
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	12	100.0		38	100.0		0	0.0		13	100.0		0	0.0		0	0.0		63	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	3.8	Daily Living (ADL)	Independent			
Private Home/With Home Health	0.0	Bathing	0.0	95.2	4.8	63
Other Nursing Homes	0.0	Dressing	17.5	79.4	3.2	63
Acute Care Hospitals	93.4	Transferring	30.2	65.1	4.8	63
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	25.4	63.5	11.1	63
Rehabilitation Hospitals	0.0	Eating	74.6	23.8	1.6	63
Other Locations	2.8	*****				
Total Number of Admissions	290	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	4.8	Receiving Respiratory Care		9.5
Private Home/No Home Health	41.0	Occ/Freq. Incontinent of Bladder	49.2	Receiving Tracheostomy Care		1.6
Private Home/With Home Health	27.8	Occ/Freq. Incontinent of Bowel	17.5	Receiving Suctioning		0.0
Other Nursing Homes	1.7	Mobility	0.0	Receiving Ostomy Care		3.2
Acute Care Hospitals	7.6			Receiving Tube Feeding		1.6
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained		Receiving Mechanically Altered Diets		33.3
Rehabilitation Hospitals	0.0	Skin Care		Other Resident Characteristics		
Other Locations	8.0			Have Advance Directives		100.0
Deaths	13.9	With Pressure Sores	7.9	Medications		
Total Number of Discharges		With Rashes	6.3	Receiving Psychoactive Drugs		20.6
(Including Deaths)	288					

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Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	84.6	80.3	1.05	85.1	0.99	84.4	1.00	84.6	1.00
Current Residents from In-County	81.0	72.7	1.11	72.2	1.12	75.4	1.07	77.0	1.05
Admissions from In-County, Still Residing	12.4	18.3	0.68	20.8	0.60	22.1	0.56	20.8	0.60
Admissions/Average Daily Census	446.2	139.0	3.21	111.7	3.99	118.1	3.78	128.9	3.46
Discharges/Average Daily Census	443.1	139.3	3.18	112.2	3.95	118.3	3.74	130.0	3.41
Discharges To Private Residence/Average Daily Census	304.6	58.4	5.21	42.8	7.11	46.1	6.61	52.8	5.77
Residents Receiving Skilled Care	98.4	91.2	1.08	91.3	1.08	91.6	1.07	85.3	1.15
Residents Aged 65 and Older	93.7	96.0	0.98	93.6	1.00	94.2	0.99	87.5	1.07
Title 19 (Medicaid) Funded Residents	60.3	72.1	0.84	67.0	0.90	69.7	0.87	68.7	0.88
Private Pay Funded Residents	20.6	18.5	1.11	23.5	0.88	21.2	0.97	22.0	0.94
Developmentally Disabled Residents	0.0	1.0	0.00	0.9	0.00	0.8	0.00	7.6	0.00
Mentally Ill Residents	15.9	36.3	0.44	41.0	0.39	39.5	0.40	33.8	0.47
General Medical Service Residents	14.3	16.8	0.85	16.1	0.89	16.2	0.88	19.4	0.74
Impaired ADL (Mean)	38.1	46.6	0.82	48.7	0.78	48.5	0.79	49.3	0.77
Psychological Problems	20.6	47.8	0.43	50.2	0.41	50.0	0.41	51.9	0.40
Nursing Care Required (Mean)	7.9	7.1	1.11	7.3	1.09	7.0	1.13	7.3	1.08